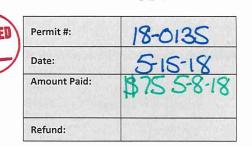
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) MAY 08 2018 Bayfield Co. Zoning Dept



Attach Copy of Tax Statement
tly purchased the property send your Recorded Deed

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONS	SIRUCIIU														
TYPE OF PERMIT F	REQUES	TED-	LANI	D USE SAI	NITAR	Y PRIVY	CONDITION	IAL (JSE SPE	CIAL USE	□ B.O	.A. 🗆	OTHE	R	
Owner's Name:		<u>, , , , , , , , , , , , , , , , , , , </u>			Maili	ng Address:		-	ate/Zip:			Teleph	one:		
RUSSELL BAILEV					P.O. 124 POST Wint					16 1	121 715-774-331		43311		
Address of Property		11/2			Cityd	State/7in:	17		1 211	, , ,	<i>></i>	Cell Pho			
80295 VI				2	1	RIWIN	7/								
100	100	150	1 -4	a	10										
Contractor:					0.000	ractor Phone:	Plumber:					Plumbe	er Phon	e:	
Authorized Agent: (Dorson Sia	ning Appl	estion on bobal	f of Owner(s))		<i>y-331/</i> t Phone:	Agent Mailing A	ddro	see (include City/	State /7in):		Writton	. Autho	rization	
Authorized Agent. (reison sig	ming Abbi	cation on benai	1 of Owner(s))	Agen	t Filone.	Agent Maning A			state/Zip).		Attache		ilzation	
												☐ Yes			
PROJECT Legal Description: // Ise Tay Statement				av Statement)									Ownership)		
LOCATION	Legal Description: (Use Tax Statement)					28015					924 123				
NE 1/4,	35		Gov't	Lot Lot(s)	CS	M Vol & Page	Lot(s) N	lo.	Block(s) No.	Subdivis	ion:				
1/4, =	16-	_ 1/4		1342			1930								
-	7		LIG	SY		Town of:				Lot Size		Acre	age		
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D Shoreland	☐ Is F	roperty	/Land withir	n 1000 feet of La	ke, Pond or Flowage		Distance Structure is from Shoreli			eline :	ine:			☐ Yes	
					If y	escontinue>			feet				□ No		
Non-Shoreland															
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* include donated time &		Proje	CL	# of Stories		Foundation	in				er/Sanitary System on the property?			on	
material						THE PARTY	structure		13	on the p	operty:			property	
	□ Ney	v Cons	truction	☐ 1-Story		☐ Basement	□ 1	I	Municipal/	City				☐ City	
ا س	Add	dition/	Alteration	☐ 1-Story +	Loft	☐ Foundation	□ 2	I	(New) Sanit	ary Spe	cify Type:			✓ Well	
1500	☐ Cor	versio	1	☐ 2-Story			□ 3	I	Sanitary (Ex	(ists) Spe	cify Type:				
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Address to send permit f.O. Bay 126 POFT WINT, WI 54865

(7)	Show Location of (*): Show: Show: Show any (*): Show any (*):	All Existing S	and (*) Fror tructures on (*) Septic Ta River; (*) Str	your Prope ank (ST); (* eam/Creek	Drain Field (DF) ; (*) Holding Tank (HT) and/or (*) Privy (; or (*) Pond	(P)
Please compl	lete (1) – (7) above (prio		- A	Ha	Changes in plans must be approved by the	
(8)	Setbacks: (measured t	to the closest p	oint)			Planning & Zoning Dept.
	Setbacks: (measured t	to the closest p	oint) Measuren	nent	Description	Planning & Zoning Dept. Measurement
(8)	Description	HT RD	Measurem		·	Measurement
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(8) Setback from t	Description	Road	Measurem		·	Measurement Feet
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In the box below: Draw or Sketch your Property (regardless of what you are applying for)

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: [3-]	# of bed	drooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 18-0135	Permit Date: S-15-	18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Fused/Contigu	ous Lot(s)) No Miti	gation Required		Affidavit Required					
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		iously Granted by Varian	ce (B.O.A.) Case	#: NA					
Was Parcel Legally Created Was Proposed Building Site Delineated ✓Yes □ No		ere Property Lines Repre Was P	esented by Owner Property Surveyed						
Inspection Record: Project location Code Compliant. Ok to	isson LU	Perm It	appears	Zoning District (Agi) Lakes Classification ()					
Date of Inspection: 5/10 Zol 8	Inspected by:	rt Schler	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Attached? Yes No – (If No they need to be attached.)									
Signature of Inspector:				Date of Approval: 5/14/201					
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	☐ Hold Fo	or Fees: 🗆						